

COMMONWEALTH OF KENTUCKY  
EXECUTIVE BRANCH ETHICS COMMISSION  
1025 Capital Centre Drive, Suite 104  
Frankfort, KY 40601

PHONE: 502-564-7954, FACSIMILE: (502) 696-5091, or EMAIL: [ethicsfiler@ky.gov](mailto:ethicsfiler@ky.gov)

# STATEMENT OF FINANCIAL DISCLOSURE

## *For Calendar Year*

### NEWLY HIRED OFFICERS:

Submit within 30 days of start date in an officer position. (KRS 11A.050(1)(a)).

### EXECUTIVE BRANCH OFFICERS:

Submit by April 15 or within 30 days of separation from an officer position. (KRS 11A.050(1)(a))

### CANDIDATES FOR CONSTITUTIONAL OFFICE:

Submit by February 15 after filing for office. (KRS 11A.050(1)(c); KRS 11A.010(13))

STATEMENTS OF FINANCIAL DISCLOSURE SHALL BE  
AVAILABLE FOR PUBLIC REVIEW

### ANSWER EVERY QUESTION

1. Name: Last Locke First Krista Middle or Maiden Mae Buckel

2. Home Street Address: 2413 Creekview Ct.

City: Lexington State: KY Zip: 40514

Home Phone: ( ) - Home E-mail address: Krista.buckel@gmail.com

Mobile Phone: (502) 948-5274

3. If you are a candidate for a constitutional office, check appropriate box or designate that you are not a candidate:

<input type="checkbox"/> Agriculture Commissioner	<input type="checkbox"/> Lt. Governor
<input type="checkbox"/> Attorney General	<input type="checkbox"/> Secretary of State
<input type="checkbox"/> Auditor of Public Accounts	<input type="checkbox"/> State Treasurer
<input type="checkbox"/> Governor	<input checked="" type="checkbox"/> NOT A CANDIDATE

4. If you are a newly hired or newly promoted officer appointed after June 27, 2019, answer Question # 4 and skip Question #5:

☒ NEW HIRE, skip Question #5 and proceed to Question #6  
☐ NOT A NEW HIRE, proceed to Question #5

Title of Position or office you currently hold that requires filing:

Deputy  
Communications  
Director

Start Date: Dec. 17th 2019

NOTE: Please Answer Questions #12 through #21 as they apply on the start date of hire and until the date of signing this form. Do not include information from prior to your start date.

5. Title of Position or office held in previous calendar year that requires filing, if you held more than one position that requires filing, please use additional pages:

Beginning Date: 6/17/19

Do you still occupy this position?

Yes ☐

No ☒

If no, ending date:

12/16/19

NOTE: Please Answer Questions #12 through #21 as they apply for that portion of the calendar year you occupied the position.

6a. STATE AGENCY FOR POSITION LISTED ABOVE:

CABINET: PPC Choose an item.

Department or Office: office of Communications

Division:

Work Street Address: 500 Mero St Frankfort, KY 40601

City:

State:

Zip: -

Work Phone:

(502) 782-1286

Ext.

Work E-mail address:

krista.locke@ky.gov

If not employed by state agency, current employer:

Work Address:

City:

State:

Zip: -

6b. Title of any other state jobs or positions you held during the reporting year that do not require filing, including state government agency name.

NONE ☒

7. Name and address of any other employers (including self-employment) during reporting year:

NONE ☐

Employer: NMR Architects

Work Address: 300 Knollcrest Dr.

City: Redding State: CA Zip: 96002 -

8. Name and address of any employer by whom the filer was employed for the one (1) year period immediately prior to becoming an officer, not including those listed in Question #6:

NONE ☐

Employer: NMR Architects

Work Address: 300 Knollcrest Dr.

City: Redding State: CA Zip: 96002 -

9. Marital status:

☐ Single

☐ Married

☐ Widowed

(if event occurred prior to calendar year skip to Question 10.)

☒ Divorced

(if event occurred prior to calendar year 2020 skip to Question 10.)

If married, please give spouse's full name (including maiden name where applicable):

Last: Locke

First: Bryan

Middle: Reid

10a. Spouse's current employer and employer's address:

NONE ☐

Employer: Adventuring LLC

Work Address: 200 Ridgeway Dr. #40

City: Redding State: CA Zip: 96003 -



Work Phone:

(530) 968-6413

Work E-mail address:

biz@adventuring-llc.com

10b. Spouse's position:

Owner

10c. Other employers of Spouse (including self-employment during reporting year)

NONE ☒

11. List the full name of all dependents, excluding dependents listed above:

NONE ☒**FOR ALL REMAINING QUESTIONS:**

**NEW HIRES:** Please answer the following questions as they apply on the start date of hire and until the date of signing this form. Do not include information from prior to your start date.

**ALL OTHER FILERS:** Please answer the following questions as they apply for that portion of the calendar year you occupied the position.

12. List all positions held by you or your spouse in any business, including the name and address of the business:

Deputy Communications Director - Office of Attorney General  
 Owner - Adventuring LLC  
 700 Capital Ave. Suite 118 Frankfort, KY 40601  
 200 Ridgeway Dr. #40 Redding, CA 96003

NONE ☐

13. List all positions of a fiduciary nature held by you or your spouse in any business, including the name and address of the business:

NONE ☒

14. Provide the name and address of all businesses in which you, your spouse, or dependent children has or had an interest of at least ten thousand dollars (\$10,000) at fair market value or which equals at least five percent (5%) of the ownership interest in the business; specify whether you listed the interest because of its fair market value or because it constitutes at least five percent of the business:

Adventuring LLC - At least 50% ownership interest  
 200 Ridgeway Dr. #40 Redding, CA 96003

NONE ☐

15. Provide all sources of gross income exceeding \$1,000 from any one (1) source not listed above, (including interest, dividends, investment income) to you, your spouse, or a dependent child, indicating the form of the income, the nature of the business, the name and address of the income source.

NONE ☒

16. Describe any representation or intervention performed by you or your spouse for any person or business for compensation before a state agency for which you work or supervise or before any entity of state government for which you would serve in a decision-making capacity, and include the name and address of that person or business.

NONE ☒

17. Provide the street address or location and description of all real property in which you, your spouse, or a dependent child holds an interest of at least ten thousand dollars (\$10,000): [if the property is held as a personal residence by the filer, please indicate as such.]

NONE ☒

18. List all sources, including name and address, of gifts of money or property with a retail value of more than two hundred dollars (\$200) from any one source which were given to you, your spouse, or dependent children by any person or entity other than a member of your family.

NONE ☒



19. Identify all creditors, including an address, to whom you owe more than ten thousand dollars (\$10,000) except when the debt was incurred for the purchase of consumer goods: [only list debts incurred for real estate] **NONE** ☒

20. List names and addresses of family members of the filer or persons with whom the filer was engaged in a business who are registered as legislative agents under KRS 6.807 or executive agency lobbyists under KRS 11A.211. **NONE** ☒

21. Are you aware of any business opportunity, investment opportunity, or other benefit, tangible or intangible, received by you or any member of your family which might reasonably be construed as being offered in return for favorable treatment or any other benefit, tangible or intangible, from state government? [PLEASE CONSIDER CAREFULLY BEFORE ANSWERING]

NO ☒YES ☐

If yes, attach a description.

**I SWEAR OR AFFIRM THAT THE INFORMATION REPORTED  
IN THIS STATEMENT OF FINANCIAL DISCLOSURE  
IS COMPLETE AND ACCURATE.**

Signature



Date:

1-15-2020

Typed or printed name

Krista Locke

**PENALTIES:**

**WITHHELD SALARY:** Any officer, public servant, or candidate required to file a statement of financial disclosure under KRS 11A.050 who does not file the statement by a date specified in that section shall have his salary withheld from the first day of noncompliance until he shall have completed the action required by law. The amount withheld shall be deducted from his overall pay and allowances and shall be recoverable upon the filing of the statement of financial disclosure. The commission may grant a reasonable extension of time for filing a statement of financial disclosure for good cause shown. KRS 11A.990(2).

**FINES:** Any officer, public servant, or candidate who fails to file or files a false Statement of Financial Disclosure may be subject to a written, public reprimand, a recommendation from the Commission that the violator be removed or suspended from office or employment, and required to pay a civil penalty of not more than \$5,000. KRS 11A.100(3).

This form may be electronically completed and submitted on the Commission's website at:  
<https://secure.kentucky.gov/formservices/Ethics/StatementOfFinancialDisclosure/>

OR

When you have answered every question, **PRINT** the Disclosure, **SIGN** it, and **SUBMIT** it by:

ELECTRONIC MAIL: [EthicsFiler@ky.gov](mailto:EthicsFiler@ky.gov)

FAX: (502) 696-5091

IN PERSON or by U.S. MAIL:

Executive Branch Ethics Commission  
1025 Capital Center Drive, Suite 104  
Frankfort, KY 40601

COMMONWEALTH OF KENTUCKY  
EXECUTIVE BRANCH ETHICS COMMISSION  
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### ANSWER EVERY QUESTION

1. Name: Last Locke First Krista Middle or Maiden Mae Buckel

2. Home Street Address: 2413 Creekview Ct.

City: Lexington State: KY Zip: 40514

Home Phone: ( ) -

Home E-mail address:

Krista.buckel@gmail.com

Mobile Phone: (859) 948-5274

3. If you are a candidate for a constitutional office, check appropriate box or designate that you are not a candidate:

- ☐ Agriculture Commissioner  
☐ Attorney General  
☐ Auditor of Public Accounts  
☐ Governor

- ☐ Lt. Governor  
☐ Secretary of State  
☐ State Treasurer  
☒ NOT A CANDIDATE

4. If you are a newly hired or newly promoted officer appointed after June 27, 2019, answer Question # 4 and skip Question #5:

- ☐ NEW HIRE, skip Question #5 and proceed to Question #6  
☒ NOT A NEW HIRE, proceed to Question #5

Title of Position or office you currently hold that requires filing:

Start Date:

NOTE: Please Answer Questions #12 through #21 as they apply on the start date of hire and until the date of signing this form. Do not include information from prior to your start date.



5. Title of Position or office held in previous calendar year that requires filing, if you held more than one position that requires filing, please use additional pages: **Executive Director of Communications - PPC**

Beginning Date: **6-17-19**

Do you still occupy this position?

Yes ☐

No ☒

If no, ending date: **12-16-19**

NOTE: Please Answer Questions #12 through #21 as they apply for that portion of the calendar year you occupied the position.

6a. STATE AGENCY FOR POSITION LISTED ABOVE:

CABINET: Choose an item.

Department or Office: **Public Protection Cabinet**

Division:

Work Street Address: **500 Merd St.**

City: **Frankfort**

State: **KY**

Zip: **40601**

Work Phone: **(502) 782-1286**

Ext.

Work E-mail address: **Krista.Locke@ky.gov**

If not employed by state agency, current employer:

Work Address:

City:

State:

Zip: -

6b. Title of any other state jobs or positions you held during the reporting year that do not require filing, including state government agency name.

**NONE** ☒

7. Name and address of any other employers (including self-employment) during reporting year:

**NONE** ☐

Employer: **NMR Architects**

Work Address: **300 Knollcrest Dr**

City: **Redding** State: **CA** Zip: **96003**

8. Name and address of any employer by whom the filer was employed for the one (1) year period immediately prior to becoming an officer, not including those listed in Question #6:

**NONE** ☐

Employer: **NMR Architects**

Work Address: **300 Knollcrest**

City: **Redding** State: **CA** Zip: **96003**

9. Marital status:

☒ Single

☐ Married

☐ Widowed (if event occurred prior to calendar year skip to Question 10.)

☐ Divorced (if event occurred prior to calendar year skip to Question 10.)

If married, please give spouse's full name (including maiden name where applicable):

Last:

First:

Middle:

10a. Spouse's current employer and employer's address:

**NONE** ☒

Employer:

Work Address:

City:

State:

Zip:

Work Phone: ( )

Work E-mail address:

10b. Spouse's position:

10c. Other employers of Spouse (including self-employment during reporting year)

NONE ☒

11. List the full name of all dependents, excluding dependents listed above:

NONE ☒**FOR ALL REMAINING QUESTIONS:**

**NEW HIRES:** Please answer the following questions as they apply on the start date of hire and until the date of signing this form. Do not include information from prior to your start date.

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12. List all positions held by you or your spouse in any business, including the name and address of the business:

Communications Director - PPC, 500 Metro St. Frankfort, KY 40601  
 Dep. Director of Communications - Office of Att. General 4

NONE ☒

13. List all positions of a fiduciary nature held by you or your spouse in any business, including the name and address of the business:

NONE ☒

14. Provide the name and address of all businesses in which you, your spouse, or dependent children has or had an interest of at least ten thousand dollars (\$10,000) at fair market value or which equals at least five percent (5%) of the ownership interest in the business; specify whether you listed the interest because of its fair market value or because it constitutes at least five percent of the business:

NONE ☒

15. Provide all sources of gross income exceeding \$1,000 from any one (1) source not listed above, (including interest, dividends, investment income) to you, your spouse, or a dependent child, indicating the form of the income, the nature of the business, the name and address of the income source.

NONE ☒

16. Describe any representation or intervention performed by you or your spouse for any person or business for compensation before a state agency for which you work or supervise or before any entity of state government for which you would serve in a decision-making capacity, and include the name and address of that person or business.

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NONE ☒

18. List all sources, including name and address, of gifts of money or property with a retail value of more than two hundred dollars (\$200) from any one source which were given to you, your spouse, or dependent children by any person or entity other than a member of your family.

NONE ☒



19. Identify all creditors, including an address, to whom you owe more than ten thousand dollars (\$10,000) except when the debt was incurred for the purchase of consumer goods: [only list debts incurred for real estate] **NONE** ☒

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NO ☒YES ☐

If yes, attach a description.

**I SWEAR OR AFFIRM THAT THE INFORMATION REPORTED  
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Signature

*Krista Locke*

Date:

*1-15-2020*

Typed or printed name

*Krista Locke***PENALTIES:**

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